

DEPARTMENT OF HEALTH SERVICES

14/744 P STREET
ACRAMENTO, CA 95814

(916) 323-0503



November 3, 1986

CMSP Letter No. 86-9

To: All CMSP County Welfare Directors

Proposed Revisions to CMSP Eligibility Manual

This transmits to you proposed revisions and additions to the CMSP Eligibility Manual for review and comment. These manual changes were developed to correct case identification and reporting problems identified during the study of CMSP catastrophic cases.

Your comments are requested by November 17, 1986, and may be directed to Linda McFarland of the CMSP Unit at (916) 324-4203.

Sincerely,

A handwritten signature in cursive script that reads 'Jim Martinez'.

Jim Martinez, Chief
County Medical Services Program Unit
County Health Services Branch

Enclosures

LM:lr
CMSP-084
10/86

DRAFT

Reinforce

0142. Evaluation of Medi-Cal Linkage.

The county department shall evaluate potential Medi-Cal linkage by completing a CMSP Medi-Cal Evaluation linkage form, CMSP 1153, on each applicant.

0143. Persons Who May File an Application for CMSP.

(a) Any person who wishes to receive CMSP may file an application. If the applicant is incapable of acting on his own behalf, or is deceased, any of the following persons may file the application for the applicant.

The applicant's guardian or conservator or executor.

A person who knows of the applicant's need to apply.

A public agency representative.

JEW (b) When a person applies on behalf of a CMSP applicant, the case file shall clearly specify why the applicant could not apply.

0147. Application for CMSP.

A person or family applying for CMSP shall submit a completed application form to the county department.

0148. Application for Retroactive CMSP.

A person or family applying for retroactive CMSP shall:

(a) Submit a completed application form to the county department, if the application is for retroactive coverage only.

(b) Request retroactive coverage in one of the following ways if the request for retroactive CMSP is made in conjunction with, or after, an application for CMSP.

1 On the application form.

In such cases, a relative, friend, or a representative of a public agency or the county department may complete the Statement of Facts on behalf of the applicant in accordance with (a) (2) (B), (C) and (D) 2.

DRAFT

0165. Filing the Statement of Facts

(a) At the time the Statement of Facts is given or mailed to an applicant, the county department shall:

(1) Set a reasonable deadline for returning the Statement of Facts to the county department.

(2) Inform the applicant of the deadline

(b) If the Statement of Facts is not returned personally or by mail by the deadline specified in (a), the county department shall:

(1) Attempt to contact the applicant or beneficiary to determine the reason for the delay.

(2) Extend the deadline for returning the Statement of Facts if a valid reason for the delay, such as incapacity, is found.

(3) Deny the application or discontinue eligibility if a valid reason for the delay cannot be established.

(c) A copy of the completed Statement of Facts shall be provided to the individual who signed it, at the request of that individual.

0166. Obtaining Information for the Completion of the Statement of Facts.

The county department or the representative of a public agency completing the Statement of Facts in accordance with Section 0163 (a) (2) shall:

^a
(~~x~~) Perform a diligent search to obtain available information regarding the applicant's circumstances applicable to a CMSP eligibility determination.

DRAFT

DRAFT

(b) Complete the Statement of Facts based upon the findings of the diligent search.

(c) Establish whether a disability exists by initiating a Medi-Cal application in those cases where the applicant indicates a disability. If the applicant does not indicate a disability when an obvious disability does exist, or refuses to complete a Medi-Cal DED application for their disability, the county shall:

- 1) Explain the additional benefits under Medi-Cal.
- 2) Encourage the applicant to apply for Medi-Cal

0167. Verification -- Prior to Approval.

With regard to information on the Statement of Facts, the county department shall obtain verification prior to approval of eligibility.

0171. Clarification of Statement of Facts.

(a) If additional clarification is needed, the county department shall inform the person who signed the Statement of Facts of the information needed and the reason for the request. Such person(s) shall be responsible for securing the additional information.

(b) If the person who signed the Statement of Facts has difficulty in securing the necessary information, the county department shall, with the person's written consent, obtain the information. The applicant's Authorization for Release of Information shall identify persons to be contacted and the specific information to be requested.

0172 Verification by Signature.

(a) The signature on the Statement of Facts shall be accepted as verification of the facts if both of the following conditions are met, except as specified in (c):

(1) The information required for establishing eligibility under these regulations is not available.

(2) The county department determines that the information provided on the Statement of Facts is sufficient to determine

DRAFT

(b) The SSN shall be provided at the time of application unless the applicant must apply for the number. If application for an SSN must be made, the number will be provided to the county department by the Department or by the Social Security Administration.

(c) CMSP shall not be denied, delayed or discontinued for an applicant or beneficiary because of these requirements unless the applicant or beneficiary refuses to cooperate.

(1) Eligibility of an applicant or beneficiary who refuses to apply for or provide a number shall be denied or discontinued.

(2) Persons ineligible for CMSP in accordance with (1) shall be ineligible members of the CFBU in accordance with Section 0379.

(d) The county department shall assist the applicant or beneficiary by explaining how to apply for an SSN and by providing an SSA Referral Notice, form MC 194.

(e) The county shall notify the beneficiary if the information provided by that beneficiary does not result in verification of the SSN by SSA. CMSP eligibility shall be discontinued if the beneficiary fails, without good cause, to respond to the notice within 60 days.



0189. Redetermination -- Frequency and Process.

(a) Persons or families determined to be eligible for CMSP shall have their eligibility redetermined at least once every 12 months.

(b) At the time of the redetermination, the beneficiary shall complete a new Statement of Facts.

(c) The county department shall:

(1) Complete the redetermination within 12 months of the most recent of the following:

(A) Approval of eligibility on any application, reapplication, or restoration which required a Statement of Facts, MC 210/CMSP 210.

(B) Last redetermination

(2) Verify information on the Statement of Facts as necessary.

DRAFT

DRAFT

0189. REDETERMINATION-- FREQUENCY AND PROCESS (CON'T.)

NEW

(3) Verify if a DED application had been previously submitted on the client and resubmit the application if the client still has a disability.

(4) Send a Notice of Action if there is a change in the beneficiary's eligibility status or share of cost

(5) Provide an informational pamphlet on the CHDP program to the beneficiary which describes the CHDP benefits available, and how and where the benefits are provided in the county, if there are persons under 21 years of age in the family.

(d) A face-to-face interview shall be required at the time of redetermination for all CFBUs.

0191. Status Reports

The county department shall require the completion of a Status Report at monthly intervals.

DRAFT

DRAFT

0710. Retroactive Eligibility.

(a) In addition to the month of eligibility specified in Section 0703, an applicant shall be eligible for the month immediately preceding the month of application or reapplication if all of the following requirements are met in that month:

(1) The county department determines that the applicant would have been eligible, had an application been made.

(2) The applicant received program covered services

(3) The applicant was not previously denied CMSP for the month in question, unless the application was denied for one of the following reasons:

(A) County error.

(B) The applicant's failure to cooperate, when that failure, or the applicant's subsequent failure to reapply, was due to circumstances beyond the control of the applicant.

(b) The request for-retroactive eligibility shall be made in accordance with Section 0148 and shall be treated as any other application.

0711. Retroactive Medi-Cal Eligibility.

(a) A CMSP recipient may be determined eligible for Medi-Cal retroactively if:

(1) The person is determined eligible as an MN recipient based on blindness or disability retroactive to the CMSP eligible date.

(2) The person is determined eligible as a PA or Other PA recipient retroactive to the CMSP eligible date.

(b) Retroactive Medi-Cal card issuance shall be in accordance with Section 0750.

DRAFT

NEW

DRAFT

0750. Retroactive Medi-Cal Card Issuance and Recipient Notification.

If a CMSP recipient is determined eligible for Medi-Cal retroactive to the CMSP eligibility date, the county shall:

(a) Revise the client's eligibility history by:

(1) Performing a EW-30 transaction to update the client's 13-month MEDS history for the appropriate retroactive months.

(2) Performing an EW-50 transaction to update the client's eligibility history for the appropriate retroactive months beyond the 13-months MEDS history..

(b) Issue Medi-Cal cards only for those retroactive months in which non-CMSP medical services were provided. An EW-15 transaction must be performed to generate retroactive card issuance.

(c) Notify the recipient of the change in eligibility status, and advise the client of the rights and responsibilities under Medi-Cal and the scope of Medi-Cal benefits.

0751. Report of Eligible Beneficiaries.

(a) The Department shall compile a monthly report of all persons eligible for CMSP. This report of eligible beneficiaries shall include all persons:

(1) Certified for CMSP by the county department and reported to the Department for issuance of CMSP cards.

(2) Certified for CMSP and issued CMSP cards by the county department.

(3) With a share of cost. These persons are reported as eligible but not certified for CMSP.

(4) Certified for CMSP and issued CMSP cards by Benefits Review Unit

(b) The county department shall report the information specified in (a) (1), (2) and (3) in a timely manner in accordance with department procedures.

DRAFT

DRAFT

0769. Department Responsibility -- Other Health Care Coverage.

(a) The Department shall recover payments made for CMSP services that should be paid through other health coverage.

(b) The Department shall distribute other health care coverage payments collected which exceed both the CMSP payments for the service and the administrative cost incurred in collecting the payment as follows:

(1) The difference between the provider's billing and the amount paid by CMSP shall be paid to the provider, subject to the amount of the excess available.

(2) Funds remaining shall be paid to the legally entitled person or entity

0771 Recovery of Third-Party Payments

(a) A beneficiary shall reimburse the Department for any payment received for health care services which were paid by CMSP if the payment received by the beneficiary is made by either of the following:

A federal or state program.

A legal or contractual entitlement

Reinforce
(b) A beneficiary who receives health care services as a result of an accident or injury caused by some other person's action or failure to act shall furnish the Department with an assignment of rights to receive payment for those services, if those services will be billed to CMSP. If the beneficiary is unable to make the assignment, the beneficiary's guardian, attorney or the person acting on the beneficiary's behalf shall do so.

(c) The Department may file a lien against the property of a beneficiary if the beneficiary fails to comply with the requirement in (b).

(d) The county department shall provide the following written information to the Department concerning a beneficiary who may meet the conditions of (b).

(1) The name and address of the beneficiary.

DRAFT

DRAFT

(2) The name and address of the:

Attorney handling the case.

Insurance carriers responsible for payment

DRAFT